

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814  
(916) 445-4622



April 20, 1981

ALL COUNTY LETTER NO. 81-42

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IHSS PAYROLLING SYSTEM: GUIDELINES FOR PROCESSING EMPLOYMENT  
DEVELOPMENT DEPARTMENT FORMS

REFERENCE:

Since the implementation of the statewide IHSS Payrolling System, counties have been receiving Employment Development Department (EDD) forms that either request information or are informational in nature. In response to questions from counties on the proper procedures for processing these forms, the Department of Social Services has formally notified EDD that many of the forms described below should no longer be forwarded to the counties. However, until EDD complies with our request, the following guidelines have been established:

1. DE 3 - Quarterly Contribution Return and Report of Wages

The purpose of this form is to report wages paid and income tax withheld during the calendar quarter. If you receive this form, please forward to the State Department of Social Services. The DSS will process the form and inform EDD that the county is not the employer.

2. DE 42 - Federal Employer Identification Number

The purpose of this form is to determine the employers Federal Employer Identification Number. The county can discard the form.

3. DE 428 - Statement of Changes to Reserve Account

The purpose of this form is to advise employers of their share of the unemployment insurance benefits paid through June 30 of the current year. If you receive this form, please forward to the State Department of Social Services. The DSS will process this form and inform EDD that the county is not the employer.

4. DE 1080 - Notice of Determination Only, Determination/Ruling on Ruling Only

The purpose of this form is to notify an employer of a determination whenever an issue as to the claimant's eligibility is raised or if a ruling has been made. The county should return this form to EDD with a notation that the county is not the employer.

5. DE 1080M - Notice of Modification of Determination

The purpose of the form is to notify an employer who received a prior DE 1080 holding the claimant ineligible where EDD subsequently modifies the determination. The county should return this form to EDD, with a notation that the county is not the employer.

6. DE 1101C - Unemployment Claim Filing Form

This form requests the employer to supply information which will be used by EDD to determine an Unemployment Insurance Claim. The county should return the form to EDD with a notation that the county is not the employer. The county may, if they wish, provide the employer/recipient's name to EDD.

7. DE 1210 - Notice of Demand for Delinquent Returns

If the county receives this form, please forward to the State Department of Social Services. The DSS will process the form and inform EDD that county is not the employer.

8. DE 1296B - Benefit Audit

The purpose of this form is to verify a claimant's earnings for particular weeks when it appears the claimant may have also drawn unemployment benefits.

If the requested earnings verification is for a period after January 1, 1980, please forward the form to the State Department of Social Services. If the requested earnings verification is for a period before January 1, 1980, the county should verify the earnings, which would include any share of cost. Please do not concern yourself with the requested weekly information. If you only have information on a semimonthly or monthly basis, please note this in your response. Also, inform EDD that the county is no longer the employer.

9. DE 1426 - Notice of Disability Insurance Withholding Rate for Calendar Year 1981

This notice is informational and is sent to all registered employers. The county should return this form to EDD with a notation that the county is not the employer.

10. DE 1545 - Notice of Claim Filed and Computation of Benefit Amounts

The purpose of this form is to notify employers of the filing of a claim and the amount of the award to the claimant.

This form requests verification of earnings. If the requested earnings verification is for the period after January 1, 1980, please forward the form to the State Department of Social Services. If the requested earnings verification is for the period before January 1, 1980, the county should, if possible, verify the earnings which would include any share of cost and inform EDD of any errors. Also, inform EDD that the county is no longer the employer.

11. DE 1599 - Industrial Classification Statement

This form requests information that describes the major employment activity that is being performed by the employer's employees. An agreement has been reached whereby the State Department of Social Services has provided EDD the necessary information. Therefore, counties and recipients can discard the form.

12. DE 2088 - Notice of Employer Contribution Rate

The purpose of this form is to notify employers of the factors used by EDD to compute the employer's tax for the next calendar year. Please forward this form to the State Department of Social Services. The DSS will process the form and inform EDD that the county is not the employer.

13. DE 2503 - Notice of State Disability Claim Filed

The purpose of this form is to obtain information from the employer in order to verify information provided by the claimant. The county should return the form to EDD with a notation that the county is not the employer. The county may, if they wish, provide the employer/recipients name to EDD.

14. DE 2578A - Disability Insurance Eligibility - Worker's Compensation

The purpose of this form is to determine if a claimant may have filed a worker's compensation claim in addition to a disability claim. Please forward this form to the State Department of Social Services. The DSS will process this form and inform EDD that the county is not the employer.

15. DE 4614 - Notice of Denial or Cancellation of Ruling or Determination

The purpose of this form is to notify the employer of a cancellation or denial of a ruling or determination. The county should return this form to EDD with a notation that the county is not the employer.

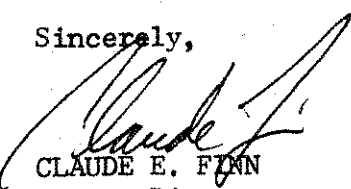
All forms that are requested to be sent to the State Department of Social Services should be addressed as follows:

State Department of Social Services  
Fiscal Policy and Procedures Bureau  
744 P Street, Mail Station 4-164  
Sacramento, CA 95814

Attention: IHSS Systems Management Unit

I hope these guidelines are helpful and I am confident that DSS will be able to convince EDD that certain forms should not be mailed to the counties. If you have any questions on these guidelines, or on how to process other EDD forms, please contact your IHSS Systems Management Consultant at (916) 323-0270 or ATSS 473-0270.

Sincerely,



CLAUDE E. FINN  
Deputy Director  
Administration

cc: CWDA